

1573

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>26</u>	
County <u>Cochise</u>		State <u>Arizona</u>		Registered No. <u>15</u>	
District or Township <u>Benson</u>		or Village			
City <u>Benson</u>		No.		St. Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Marjorie Moody</u>					
(a) Residence. No.		(Usual place of abode)		St. Ward	
(If non-resident, give city or town and State)					
Length of residence in city or town where death occurred		yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day and year)					
7. AGE		Years Months Days		IF LESS than 1 day 2 hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) <u>Benson</u> (State or country) <u>Arizona</u>					
10. NAME OF FATHER <u>Bedford Moody</u>					
11. BIRTHPLACE OF FATHER <u>Yuma</u> (State or country) <u>Arkansas</u>					
12. MAIDEN NAME OF MOTHER <u>Beatrice May Verrin</u>					
13. BIRTHPLACE OF MOTHER <u>Johnson</u> (State or country) <u>Arizona</u>					
14. Informant <u>Bedford Moody</u> (Address) <u>Benson, Arizona</u>					
15. Filed <u>9-13-1927</u> <u>R. E. Jellett</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Sept 12</u> 19 <u>27</u> Month Day Year					
17. HEREBY CERTIFY , That I attended deceased from <u>Sept 12</u> 19 <u>27</u> to <u>Sept 13</u> 19 <u>27</u> , that I last saw her alive on <u>Sept 12</u> 19 <u>27</u> , and that death occurred, on the date stated above, at <u>10 9 a.</u> m. The CAUSE OF DEATH* was as follows: <u>Premature Birth</u> <u>(7 months)</u> (duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) <u>10 10</u> (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? Did an operation precede death? <u>No</u> Date of Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical</u> (State) <u>Sept 12</u> 19 <u>27</u> (Address) <u>Benson</u> M. D.					
State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Family Burial</u>				DATE OF BURIAL <u>Sept 13</u>	
20. UNDERTAKER				ADDRESS	